RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

WELLS COUNTY HEALTH DEPT.
223 W. Washington, Suite 202
BLUFFTON, IN 46714-1955
(260) 824-5499

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name SUBWAY # 4158	**Telephone Number** (260) 824-7821 (260) Owner 824-0479	**Date of Inspection** *(mm/dd/yr)* 11/8/10	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 933 N. MAIN ST. BLUFFTON IN 46714			
Owner VISION INVESTMENT GROUP	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up**	**Release Date** 11/18/10
Owner's Address PO BOX 415 BLUFFTON IN 46714		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge ANGIE BOONE			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler ANGIE BOONE			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS	

Received by *(name and title printed)*: Angela R Boone	Inspected by *(name and title printed)*: JENNIFER COLEMAN EHS
Received by *(signature)*: Angela R Boone	Inspected by *(signature)*: Jennifer M Coleman

cc:	cc:	cc: